

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35382

STATE FILE NUMBER

FILED NOV 4 1957

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Albany			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 901 S. Polk			Length of stay in lb 13 mos.		d. STREET ADDRESS (If outside, give location) 901 S. Polk		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Thomas Last Cobb				4. DATE OF DEATH Month Oct. Day 25 Year 1957			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 6, 1889	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber				10b. KIND OF BUSINESS OR INDUSTRY barbering		11. BIRTHPLACE (City and state or country) Darlington, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME Bonapart Cobb				14. MOTHER'S MAIDEN NAME Amanda Gish			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown				16. SOCIAL SECURITY NO. 49 1-09-4526		17. INFORMANT Address Mrs Hattie Dodge, Albany, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Just recovering from three infected upper Respiratory							INTERVAL BETWEEN ONSET AND DEATH 1 hour
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20a. TIME OF INJURY Hour 2:00 Month 10 Day 23 Year 1957 a. m. 2:00 p. m.		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) St. Joseph - Missouri					
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION St. Joseph - Missouri					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Memorial Park		20f. CITY, TOWN, OR LOCATION St. Joseph - Missouri					
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. CITY, TOWN, OR LOCATION St. Joseph - Missouri					
21. I attended the deceased from 10/23/57 to 10/25/57 and last saw him alive on 10/25/57 Death occurred at 2:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. M. Dorman M.D. (Degree or title)				22b. ADDRESS Albany MO		22c. DATE SIGNED 10/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Oct. 25, 57		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) St. Joseph - Missouri	
24. FUNERAL DIRECTOR Clifford Brooks, Albany, Mo.		25. DATE RECD. BY LOCAL REG. 10-27-1957		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

42

NOV 5 1957

MAR 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me....., Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Donald E. Coakley
Licensed Embalmer No. 4868

P. O. Address Albany, N. Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.